

RECEIVED

JAN 24 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

TITE OF		STATE OF NEW HAMPSHIRE			
		2017 Statement of Income and Expense for LOBBYISTS			
		(RSA Chapter 15)			
11111	PLEASE PRINT				

I. Name of Lobb	yist(s) Meg B	ohne					
II. Name of lobb	yist's partnersl	ip, firm or corporatio	n, if any:				
Consumer R	eports, Inc.						
	(Name of partner	ship, firm or corporation)		CA			
1535 Mission Street		San Fra	San Francisco			94103	
Business Address:	(Street)	(Town/C	lity)	(Stat	e)	(Zip Code)	
() (415) 43	31-6747	() (415) 4) (415) 431-0906		levyje@con	sumer.org	
(Telepho	one)	, ,	(Fax)				
reportable exper	nse transactions	ose one – file separate which are not attribu curring in the months p	table to any o	ne client).		e a separate report for	
Consumer R		was in one manner by	ion to me rep	iting date for		on mg enem.	
	*	of Client as it appears on	the Lobbyist R	egistration Forn	1)		
<u>OR</u>							
☐ All reportable unrelated to any p IV. Date of Reportable	particular client.	he lobbyist (including to 2017	the lobbyist's	family), or the July 26, 2017		listed below which are	
Reports cover:		y from date of registration to 3/31/17		activity from 4/1/17 to 6/30/17			
		October 25, 2017		January 31, 2018 X activity from 10/1/17 to 12/31/17			
	ked, complete ju	eceived and no report st this form and submit					
VI. Check if add	litional reports :	re attached:					
	-	ade expenditures, you	must file Add	endum A– Fe	es and Expens	es	
☐ If you have p Expense Reimbur		m or reimbursed expen	ses, you must	file Addendui	n B– Report o	f Honorariums or	
If you, your f	firm, or your fam	ily has made political c	ontributions, y	ou must file A	Addendum C-	Political Contributions	
	15, RSA 15-B, R	y Lobbyist SA 14-C and RSA 664 owledge and belief.	and hereby sv	vear or affirm	that the forego	ing information is true	
Mes	Bohn			January 22	2, 2018		
(Signature of lob	byist)				(Date)		
Meg Bo k me							
(Print Name of lo	obbyist)						